

PATENT APPLICATION SERIAL NO. **10/528370**

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

03/25/2005 ATRAN1 00000082 10528370

|            |                      |
|------------|----------------------|
| 01 FC:2631 | 150.00 OP            |
| 02 FC:2632 | <del>250.00 OP</del> |
| 03 FC:2633 | 100.00 OP            |

Adjustment date: 01/24/2006 WALVARAD  
03/25/2005 ATRAN1 00000082 10528370  
02 FC:2632 -250.00 OP

01/24/2006 WALVARAD 00000002 10528370

01 FC:2641 50.00 OP

PTO-1856  
Refund Ref  
01/24/2006 (5/89) 0030028322

Credit Card Refund Total: \$200.00

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|   |              |   |              |   |      |
|---|--------------|---|--------------|---|------|
| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>10/528370</b>   |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/US 2003/029419</b>                    |              | ATTORNEY'S DOCKET NUMBER<br><b>W002. PAT-22</b> |      |
| The following fees have been submitted  |              |   |              |   |      |
| 21. <input checked="" type="checkbox"/> Basic national fee.....   |              |   |              | \$300   |      |
| 22. <input checked="" type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4).....  |              |   |              | \$100   |      |
| All other situations.....   |              |   |              | \$200   |      |
| 23. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority.....  |              |   |              | \$100   |      |
| International Search Report prepared and provided to the Office.....  |              |   |              | \$400   |      |
| All other situations.....   |              |   |              | \$500   |      |
| <b>TOTAL OF 21, 22 and 23 =</b>   |              |   |              | <b>\$ 1000</b>                                  |      |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.  |              |   |              |   |      |
| Total Sheets  | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE         |   |      |
| - 100 =   | /50 =        |   | x \$250      | \$  |      |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).  |              |   |              | \$  |      |
| CLAIMS  |              | NUMBER FILED  | NUMBER EXTRA | RATE  |      |
| Total claims  |              | 18 - 20 =   | 0            | x \$ 50   | \$ 0 |
| Independent claims  |              | 2 - 3 =   | 0            | x \$200   | \$ 0 |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              |   |              | + \$360   | \$ 0 |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>  |              |   |              | <b>\$ 1000</b>                                  |      |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.   |              |   |              |   |      |
| <b>SUBTOTAL =</b>   |              |   |              | <b>\$ 500</b>                                   |      |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).   |              |   |              | \$  |      |
| <b>TOTAL NATIONAL FEES</b>  |              |   |              | <b>\$ 500</b>                                   |      |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |              |   |              | \$  |      |
| <b>TOTAL FEES ENCLOSED =</b>  |              |   |              | <b>\$ 500</b>                                   |      |
|   |              |   |              | Amount to be refunded:                          | \$   |
|   |              |   |              | Amount to be charged:                           | \$   |
| <p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>50-2084</b>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input checked="" type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> |              |   |              |   |      |
| <p>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO:</p>  |              |   |              |   |      |
| <p><b>252</b><br/>SIGNATURE<br/><b>Emery L. Tracy</b><br/>NAME<br/><b>34,081</b><br/>REGISTRATION NUMBER</p>  |              |   |              |   |      |

|                     |       |
|---------------------|-------|
| FEE VALUE           |       |
| ACCOUNT NO.         |       |
| DEPOSIT ACCOUNT NO. |       |
| SD                  | 2084  |
| FEE CODE            | VALUE |
| 2035                | (250) |
| 2041                | 50    |

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

**10/528370**

## CLAIMS AS FILED - PART I

(Column 1)

|   |   |  |
|---|---|--|
| U.S. NATIONAL STAGE FEES                                  |   |  |
| BASIC FEE   | SMALL ENT. = \$ 150   | LARGE ENT. = \$ 300                    |
| EXAMINATION FEE   | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100                      | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE  | U.S. is ISA = \$ 50 / \$ 100<br>ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS.                                  | minus 100 =   | / 50 =                                 |
| TOTAL CHARGEABLE CLAIMS                                   | 18 minus 20 =   | -                                      |
| INDEPENDENT CLAIMS  | 3 minus 3 =   | -                                      |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |   |  |

SMALL ENTITY TYPE ☐

| RATE       | FEE |
|------------|-----|
| BASIC FEE  | 150 |
| EXAM. FEE  | 100 |
| SEARCH FEE | 200 |
| X \$ 125 = |     |
| X \$ 25 =  |     |
| X \$ 100 = |     |
| + \$ 180 = |     |
| TOTAL      | 450 |

OTHER THAN SMALL ENTITY ☐

| RATE       | FEE |
|------------|-----|
| BASIC FEE  |     |
| EXAM. FEE  |     |
| SEARCH FEE |     |
| X \$ 250 = |     |
| X \$ 50 =  |     |
| X \$ 200 = |     |
| + \$ 360 = |     |
| TOTAL      |     |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| AMENDMENT A |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| AMENDMENT B |   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------|---|----------------------------------|-------|------------------------------------|---------------|
|             | Total   | *                                | Minus | **                                 | =             |
|             | Independent   | *                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 =        |                |
| X \$ 100 =       |                |
| + \$ 180 =       |                |
| TOTAL ADDIT. FEE |                |

OR

| RATE             | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 50 =        |                |
| X \$ 200 =       |                |
| + \$ 360 =       |                |
| TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/528370**

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /        |      |                                    |      |                                    |      |
| 2            |          | /    |                                    |      |                                    |      |
| 3            |          | /    |                                    |      |                                    |      |
| 4            |          | /    |                                    |      |                                    |      |
| 5            |          | /    |                                    |      |                                    |      |
| 6            |          | /    |                                    |      |                                    |      |
| 7            |          | /    |                                    |      |                                    |      |
| 8            |          | /    |                                    |      |                                    |      |
| 9            |          | /    |                                    |      |                                    |      |
| 10           | /        |      |                                    |      |                                    |      |
| 11           | /        |      |                                    |      |                                    |      |
| 12           |          | /    |                                    |      |                                    |      |
| 13           |          | /    |                                    |      |                                    |      |
| 14           |          | /    |                                    |      |                                    |      |
| 15           |          | /    |                                    |      |                                    |      |
| 16           |          | /    |                                    |      |                                    |      |
| 17           |          | /    |                                    |      |                                    |      |
| 18           |          | /    |                                    |      |                                    |      |
| 19           |          |      |                                    |      |                                    |      |
| 20           |          |      |                                    |      |                                    |      |
| 21           |          |      |                                    |      |                                    |      |
| 22           |          |      |                                    |      |                                    |      |
| 23           |          |      |                                    |      |                                    |      |
| 24           |          |      |                                    |      |                                    |      |
| 25           |          |      |                                    |      |                                    |      |
| 26           |          |      |                                    |      |                                    |      |
| 27           |          |      |                                    |      |                                    |      |
| 28           |          |      |                                    |      |                                    |      |
| 29           |          |      |                                    |      |                                    |      |
| 30           |          |      |                                    |      |                                    |      |
| 31           |          |      |                                    |      |                                    |      |
| 32           |          |      |                                    |      |                                    |      |
| 33           |          |      |                                    |      |                                    |      |
| 34           |          |      |                                    |      |                                    |      |
| 35           |          |      |                                    |      |                                    |      |
| 36           |          |      |                                    |      |                                    |      |
| 37           |          |      |                                    |      |                                    |      |
| 38           |          |      |                                    |      |                                    |      |
| 39           |          |      |                                    |      |                                    |      |
| 40           |          |      |                                    |      |                                    |      |
| 41           |          |      |                                    |      |                                    |      |
| 42           |          |      |                                    |      |                                    |      |
| 43           |          |      |                                    |      |                                    |      |
| 44           |          |      |                                    |      |                                    |      |
| 45           |          |      |                                    |      |                                    |      |
| 46           |          |      |                                    |      |                                    |      |
| 47           |          |      |                                    |      |                                    |      |
| 48           |          |      |                                    |      |                                    |      |
| 49           |          |      |                                    |      |                                    |      |
| 50           |          |      |                                    |      |                                    |      |
| TOTAL IND.   | 3        | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | 15       | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS | 18       |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
| 52           |          |      |                                    |      |                                    |      |
| 53           |          |      |                                    |      |                                    |      |
| 54           |          |      |                                    |      |                                    |      |
| 55           |          |      |                                    |      |                                    |      |
| 56           |          |      |                                    |      |                                    |      |
| 57           |          |      |                                    |      |                                    |      |
| 58           |          |      |                                    |      |                                    |      |
| 59           |          |      |                                    |      |                                    |      |
| 60           |          |      |                                    |      |                                    |      |
| 61           |          |      |                                    |      |                                    |      |
| 62           |          |      |                                    |      |                                    |      |
| 63           |          |      |                                    |      |                                    |      |
| 64           |          |      |                                    |      |                                    |      |
| 65           |          |      |                                    |      |                                    |      |
| 66           |          |      |                                    |      |                                    |      |
| 67           |          |      |                                    |      |                                    |      |
| 68           |          |      |                                    |      |                                    |      |
| 69           |          |      |                                    |      |                                    |      |
| 70           |          |      |                                    |      |                                    |      |
| 71           |          |      |                                    |      |                                    |      |
| 72           |          |      |                                    |      |                                    |      |
| 73           |          |      |                                    |      |                                    |      |
| 74           |          |      |                                    |      |                                    |      |
| 75           |          |      |                                    |      |                                    |      |
| 76           |          |      |                                    |      |                                    |      |
| 77           |          |      |                                    |      |                                    |      |
| 78           |          |      |                                    |      |                                    |      |
| 79           |          |      |                                    |      |                                    |      |
| 80           |          |      |                                    |      |                                    |      |
| 81           |          |      |                                    |      |                                    |      |
| 82           |          |      |                                    |      |                                    |      |
| 83           |          |      |                                    |      |                                    |      |
| 84           |          |      |                                    |      |                                    |      |
| 85           |          |      |                                    |      |                                    |      |
| 86           |          |      |                                    |      |                                    |      |
| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
| 94           |          |      |                                    |      |                                    |      |
| 95           |          |      |                                    |      |                                    |      |
| 96           |          |      |                                    |      |                                    |      |
| 97           |          |      |                                    |      |                                    |      |
| 98           |          |      |                                    |      |                                    |      |
| 99           |          |      |                                    |      |                                    |      |
| 100          |          |      |                                    |      |                                    |      |
| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |